Fill in this information to	o identify your case:	
Debtor 1	Bryan T Maloney	
Debtor 2 (Spouse, if filling)	Cindy G Maloney	
United States Bankrupt	cy Court for the: _EASTERN DISTRICT OF PENNSYLVANIA	
	10738	Check if this is:
(If known)		An amended filingA supplement showing postpetition chapter
		13 income as of the following date:
Official Form	<u>106l</u>	MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	F	■ Employed	■ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
	employers.	Occupation	Production Supervisor	r Billing
	Include part-time, seasonal, or self-employed work.	Employer's name	J&J Snacks	EBE
	Occupation may include student or homemaker, if it applies.	Employer's address	Pennington, NJ	30 N Delaware Avenue Philadelphia, PA
		How long employed the	nere? 2008	3 months

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 5,768.00 \$ 1,750.67

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

Official Form 1061 Schedule I: Your Income page 1

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Debto Debto		Bryan T Maloney Cindy G Maloney		Case	number (<i>if known</i>)	16-1073	38	
				For	Debtor 1		btor 2 or ing spouse	
(Сор	by line 4 here	4.	\$	5,768.00	\$	1,750.67	
5. I	List	all payroll deductions:						
;	ōа.	Tax, Medicare, and Social Security deductions	5a.	\$	1,642.13	\$	331.74	
	5b.	Mandatory contributions for retirement plans	5b.	\$	68.68	\$	0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$	128.42	\$	0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	
	5e.	Insurance	5e.	\$ _	408.71	\$	0.00	
	5f. 5g.	Domestic support obligations Union dues	5f. 5g.	\$ 	0.00	\$	0.00	
	5g. 5h.	Other deductions. Specify: United Way	5h.+	- :		+ \$	0.00	
		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	- 6.	* \$	2,252.27	\$	331.74	
		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ 	3,515.73	\$	1,418.93	
		• • • •	٠.	Ψ	3,515.73	Ψ	1,410.33	
	List 3a.	All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	1,200.00	
;	3b.	Interest and dividends	8b.	\$	0.00	\$	0.00	
	Зс.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00	
;	3d.	Unemployment compensation	8d.	\$	0.00	\$	0.00	
8	Зe.	Social Security	8e.	\$	0.00	\$	0.00	
	Bf.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00	
;	3g.	Pension or retirement income	8g.	\$	0.00	\$	0.00	
	3h.	Other monthly income. Specify:	_ 8h.+	\$	0.00	+ \$	0.00	
9	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	1,200.00	
10 (Cald	culate monthly income. Add line 7 + line 9.	10. \$		3,515.73 + \$	2,618	93 = \$	6,134.66
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		•	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	2,010	.55	0,134.00
 	nclu othe Do r	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depen	•	•		edule J. 11. +\$	0.00
,		I the amount in the last column of line 10 to the amount in line 11. The resident that amount on the Summary of Schedules and Statistical Summary of Certain lies					12. \$	6,134.66
							Combin	
13. I	Do y	you expect an increase or decrease within the year after you file this form?	?				monthly	/ income
	_	Yes. Explain:						